

FOR OFFICE USE ONLY

PERMIT NO _____

ISSUE DATE _____ ISSUED BY _____

PERMIT FEE \$ _____

DENIED DATE _____ DENIED BY _____

FEE SCHEDULE: \$150 for < 2,000 sq. ft., \$300 for 2,001 to 6,000 sq. ft., \$450 for > 6,001 sq. ft.

CHADDS FORD TOWNSHIP

10 Ring Road, Chadds Ford, PA 19317

Phone: (610) 388-8800 Fax: (610) 388-5057

E-mail: info@chaddsfordpa.gov

CERTIFICATE OF USE AND OCCUPANCY APPLICATION

Application is hereby made to Lease: _____ or Purchase: _____ Date: _____

Property Street Address Being Leased or Purchased: _____

Postal Address (Circle One):

CHADDS FORD, PA 19317

GLEN MILLS, PA 19342

WEST CHESTER, PA 19382

Building Type (Circle One): COMMERCIAL - RESIDENTIAL

Parcel #: _____ Square Footage: _____

Current Owner: _____

Owner Address (if different than property address): _____

City: _____ State: _____ Zip: _____

Owner Phone: _____ E-Mail: _____

Buyer / Tenant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tenant Phone: _____ E-Mail: _____

Is there a change in Use? (Circle One): YES - NO

If Yes, Explain the Description of the Proposed Use:

Owner's Signature

Date